MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 8 Primery Registration District N1003 DO NOT WRITE AMENDED ON THIS STUB FILED JUL 1 9 1963 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE Missouri b. COUNTY VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits St. Louis TOWN St. Louis Yes T No T c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If cutside, give location) Reside on Farm HOSPITAL OR St. Anthony Hospital 4127a Oregon Av., Yes X No □ Yes D No. No. 3. NAME OF DECEASED Middle 4. DATE Month Year (Type or print) ELMER HILLIER . DEATH July 1963 9. AGE (last birthday) IF UNDER 1 YEAR 0 5. SEX 6. COLOR OR RACE 7. Married □ Never Married □ 8. DATE OF BIRTH Months Widowed X Divorced | Male White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Appliance repair Famous-Barr Co.. St. Louis, Missouri U.S.A. Š 13a. FATHER'S NAME Benjamin Fuller Elizabeth O'Heim Marguerite M. Fuller (dec'd) 16. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi Mrs. Ida Mae Eller. 3911a Winnebago St.. ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) 11 INSTEAD DUE TO (b) Conditions, If any, 1278-0 which gave rise to above cause (a). stating the under-13 lying cause last. DUE TO (c) PART III. If deceased was PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Yes □ No ☐ Unknown **AMENDMENT** 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES | NO D 20c. TIME OF Month, Day, Year RIBBON INJURY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | READ *TYPEWRITER* 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a, SIGNATURE Ιō 23a, BURIAL, CREMATION Removal (Specify) NO. St. Louis County, Missouri July 16, 1963 Resurrection Cemetery ITEM 24. FUNERAL DIRECTOR Gebken-Benz Mortuary, Inc.,

STATEMENT BY LICENSED EMBALMER

well and

4 11 34 3 5 5 6

	hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by _	me	
working	under my personal supervision.	Land B. Barrier
Student_	Signature of Student Embalmer	Signed Signed
	a tang sa	Licensed Embalmer No. 4249 2842 Meramec St. P. O. Address St. Louis, 18 Missouri
		P. O. Address Ste Louis, 18 Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embaimed, fact should be so stated above.